

Welcome to the first edition of GP Bulletin. This series of monthly briefings will aim to provide a practical summary of the latest developments in primary care. Its purpose is not to increase the pressure on your in-tray, but to provide essential information on new developments and their implications for your working practice and patient services, with pointers to sources of further detail. In time the bulletin will appear solely in electronic format – making it easier to link to further information.

I believe the rapid changes in general practice make this service a timely one. General practice and the primary care health team are crucial to the successful delivery of the ambitious vision set out in the NHS Plan – as set out in the summary of the Plan recently sent to all practices. The Plan confirms GPs' status as the backbone of the NHS, and seeks to extend the primary care role while maintaining our unique and much-admired model of care.

This crucial role has been demonstrated in the excellent response to winter planning. Primary care groups and trusts took an active part in local winter planning groups. The advanced planning has enabled GPs and staff throughout primary care to respond effectively to demand where it has peaked. The success of the flu vaccination campaign (see below) is further testament to sustained efforts in primary care over recent months.

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Headlines

- An extra £30m next year to help improve patient access to GP practices
- Locums to be brought in to NHS Pension Scheme
- Pay deal announced – Doctors and Dentists Review Body recommendations accepted in full
- Flu vaccination success – uptake nationwide has exceeded targets
- NHS and Social Care Bill to bring new measures affecting GP practice
- Senior appointments to the new National Clinical Assessment Authority

£30 million for access

Six out of ten patients will be able to see a primary health care professional within 24 hours and a GP within 48 hours by March next year.

An extra £30 million each year for three years is to be ploughed into Primary Care Trusts and Groups. This money is to be used to support their plans to improve access to GP practices and to extend access to a wider range of services delivered in primary care. The money is earmarked for front-line primary care, and health authorities will be responsible for ensuring it is passed on to PCGs and PCTs. It comes on top of the £54.5 million already allocated in 2000/1 and for each of the next three years to modernise primary care.

This means the access fund available to PCTs and PCGs will be £84.5m for 2001/2, rising to £144.5m in 2003/4. It will be used to shorten primary care waiting times; to provide additional services such as tests and minor operations within practices; and to support development of intermediate care, including rapid response teams.

Many primary care organisations are already using the first round of access funding to deliver real improvements. One of the many models throughout the country is in Harrogate, where

the PCG, using its £120,000 share, has set up early morning surgeries, primary care-led dermatology clinics and community-based orthopaedic physiotherapy clinics.

Pay deal announced

Pay rises for all NHS staff covered by the independent Pay Review Bodies were announced on December 18. All the rises are to be paid in full, without staging.

For GPs this means:

- A net increase of 3.9%, which should mean GMS intended average net remuneration of £56,335 (before taking account of increased seniority payments)
- A 7% increase in GP seniority payments, taking the overall value of the pay award to 4.2%
- Out-of-hours allowances for GP registrars to increase from 22.5% to 30%, meaning a typical GP registrar will receive a 10.3% pay increase in total from April 1 2001
- Increases in maximum weekly GP locum allowances from £508 to £850 per week

The supplementary report by the DDRB into GPs' expenses and the operation of the balancing mechanism has been accepted by the government. DDRB has recommended a lower level of indirect expense provision, which the government has accepted. DDRB also recommended normal operation of the balancing mechanism to reclaim £248 per principal, and review of the pay mechanism in time for next year.

In a move aimed at addressing DDRB concerns about the operation of the pay system and the rising level of 'debt' to be reclaimed from the profession (around £3,000 per principal), the government has suspended the balancing mechanism for next year and asked the BMA and Department of Health to undertake an urgent review of:

- forecasting GPs' practice expenses
- the operation of the balancing mechanism
- better handling of the cumulative debt.

This means GPs will be £248 each better off next year than if the DDRB recommendations had been accepted.

In a further move, Alan Milburn has announced that the whole cost of flu vaccine payments will remain available for investment in general practice – not just the proportion relating to extra coverage achieved this year. The Department of Health will be discussing with the GPC how this can be done in order to boost patient services and fund practice improvements.

- Copies of the DDRB report are available via www.doh.gov.uk

Flu vaccine success

Efforts by practices across the country have ensured the success of the winter flu vaccination campaign. Nationally, the target of 60% uptake among over-65s was exceeded. All but eight local authority areas met that target; of those that did not, most were in London boroughs likely to have specific issues with transient populations and large ethnic groups.

At January 24, the English activity rate for influenza from the RCGP return service was at 33 per 100,000 of the population; the incidence rate among the over-65 target group was 22 per 100,000.

Locums to join pension scheme

Locums are to be brought in to the NHS Pension Scheme for the first time.

Any general practice-qualified doctor who works as a locum will be granted access to the scheme on admission to the new health authority register of

local doctors. The government intends to backdate entry to the scheme to April 2001 and is discussing with the British Medical Association how that might be done.

NHS funding for 2001/2 and beyond

An average of £6 million extra funding for each PCG and PCT next year is the effect of the Health Authority (HA) allocations announced in November.

For the first time, allocations for three years were set out, to aid strategic planning. HAs will get increases averaging 8.9% in 2001/2, and at least 6% more in each of the following two years

- Full details: www.doh.gov.uk/allocations/2001-2002/index.htm

The Health and Social Care Bill

The new Health and Social Care Bill is currently at Committee Stage in Parliament. Many of the Bill's proposals will have an impact on general practice. These include measures to:

- create a new public-private partnership to improve primary care premises in England
- protect patients and provide a fairer system for GPs, by ensuring HAs register all GPs in their area, subject to annual appraisal and clinical audit
- give HAs the power to remove or suspend dangerous, fraudulent or unsuitable doctors swiftly, based on local knowledge
- reconstitute the Family Health Services Appeal Authority as a fully independent appeal body
- remove obstacles to the development of a new national contract for GPs, based on quality of care rather than patient numbers

- have all GP out-of-hours services accredited by HAs
- Increase the number of GPs in deprived and rural areas, by developing a new formula for allocating resources in place of the Medical Practices Committee.
- Full text of the Bill is at www.parliament.the-stationery-office.co.uk/pa/pabills.htm

The future of PMS

From April, 20% of all GPs will be working to PMS contracts, with more set to follow later in the year.

A representative group is being formed to advise the Department of Health on further PMS expansion and the move into permanence for those pilots that meet the required standard. The Royal Colleges, unions, patient and consumer groups have been invited to send representatives.

- Any GP or other staff wishing to add their views should email Katy Holloway on katy.holloway@doh.gsi.gov.uk

Council. This would aim to remove the need for long suspensions for separate and often time-consuming investigations.

The Chairman of the NCAA will be Jane Wesson, who has been Chairman of Harrogate Healthcare NHS Trust since 1993. The Chief Officer and Medical Director of the NCAA will be Dr Alistair Scotland, currently Director of Medical Education and Research at London's Chelsea & Westminster Hospital.

Dr Scotland said: "I am very keen to get it right in Primary Care. We will aim to get expert input from the heartlands of general practice, to enable us to produce our assessments on a fair and open basis."

Further information:

- Assuring the Quality of Medical Practice details new and existing measures aimed at supporting doctors and protecting patients. See www.doh.gov.uk/assuringquality
- The report of Professor Richard Baker's review of Harold Shipman's practice, which will be passed to the public inquiry into the Shipman case, is at www.doh.gov.uk/hshipmanpractice

Supporting Doctors, Protecting Patients

Senior appointments have been made to the new national body being set up in the wake of the Shipman case, to provide a fast response to concerns about doctors' performance.

The National Clinical Assessment Authority (NCAA) will begin work from April 1. NHS employers and health authorities will be able to refer a doctor to the NCAA if there are concerns about his or her performance that cannot be resolved locally.

The NCAA will carry out rapid, objective assessments and make recommendations to NHS hospitals and HAs so they can take appropriate action. This might involve further training, support, or if problems were intractable, dismissal or referral to the General Medical

MMR vaccine

A £3 million government publicity campaign will be launched to underline the safety of the MMR vaccination programme. The campaign, to include TV advertising, videos and leaflets for health professionals and parents, is aimed at countering the doubts raised in recent reports by Dr Andrew Wakefield and others.

The vaccine's effectiveness and safety record was reaffirmed last month in a joint statement issued by all the major health organisations, including the BMA.

- Further details: www.doh.gov.uk/mmr.htm

Review of GP out-of-hours services

Work has begun to implement the changes recommended in the review of GP out-of-hours services, sent to all GP practices in November. The report set out targets for out-of-hours care and defined a new model for providing high-quality services.

The government has committed £28 million for 2001/2, over and above the out-of-hours development fund, to underpin the roll-out of the new standards and to enable integration with NHS Direct.

In a few areas, winter planning systems have already begun to incorporate some of the review's recommendations, such as developing links between out-of-hours services and the rest of the emergency care network. A series of one-day workshops are to be held shortly, to explore the report's implications and local implementation. Invitations will be sent to all providers of out-of-hours services.

- The report is at www.doh.gov.uk/pricare/loohreport.htm

Primary Care Workforce Review

The Primary Care Workforce Review is now under way. It will look at ways of increasing the number of GPs and developing the role of other health professionals, as part of its remit to review how all staff delivering primary care services can best use their skills to deliver the NHS Plan.

The review will be managed by the Department of Health, but will be tested in the health service and guided by a group of external experts. The review team will report to ministers by the end of March, with a clear action plan to be developed in the summer.

A vital element of the review will be to gather evidence on effectiveness and best practice, including the development of multidisciplinary models of care, new professional roles, and service shifts between secondary and primary care. If you would like to share any information on these issues, please write to the address below by the end of February.

In addition, each Regional Office will hold a workshop during February to explore one of the key issues in detail: contact Alexandra Burniston for details.

- Alexandra Burniston, Primary Care Workforce Review Secretariat, 2W10, Quarry House, Quarry Hill, Leeds, LS2 7UE (email: alexandra.burniston@doh.gsi.gov.uk)

E-prescriptions

Plans are under way to enable the electronic transfer of prescriptions between GPs, community pharmacists and the Prescription Pricing Authority by 2004.

By the end of March, the Department of Health will have chosen up to three companies to pilot the scheme from an original set of more than 70 proposals. The companies – not the department – will then recruit GPs and pharmacists to the trials.

- Further details: www.doh.gov.uk/pharmacy/etpspec.htm

Patient's guide to the NHS

A guide for patients on how to use the NHS was launched last month. Your Guide to the NHS outlines patients' rights and responsibilities and the standard of service they can expect. It replaces the Patient's Charter.

- Full text of the guide: www.nhs.uk/nhsguide/